

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1270  
264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>MISSOURI</b> |  | b. COUNTY<br><b>JACKSON</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>KANSAS CITY</b> |  | c. LENGTH OF STAY (In this place)<br><b>40 yrs.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>KANSAS CITY</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>GENERAL HOSPITAL #2</b>                                 |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>1708 East 19th Street</b>                           |  |

|  |             |                            |                           |                    |                       |
|--|-------------|----------------------------|---------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |             |                            | 4. DATE OF DEATH          |                    |                       |
| a. (First)<br><b>JAMES</b>             | b. (Middle) | c. (Last)<br><b>HARPER</b> | (Month)<br><b>JANUARY</b> | (Day)<br><b>18</b> | (Year)<br><b>1949</b> |

|                       |                                  |  |  |  |                                       |                                      |                    |                   |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|--------------------------------------|--------------------|-------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>NOVEMBER 16, 1865</b> | 9. AGE (In years last birthday)<br><b>83</b> | IF UNDER 1 YEAR<br>Months<br><b>2</b> | IF UNDER 24 HRS.<br>Days<br><b>2</b> | Hours<br><b>11</b> | Min.<br><b>10</b> |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|--------------------------------------|--------------------|-------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Pensioner</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DUSTRY</b> | 11. BIRTHPLACE (State or foreign country)<br><b>HICKORY COUNTY, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
|---|--|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>NOT KNOWN</b> | 13b. MOTHER'S MAIDEN NAME<br><b>NOT KNOWN</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Not KNOWN</b> |
|--|---|---|

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b> | 16. SOCIAL SECURITY NO.<br><b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>EMMA CARREATHERS</b> | ADDRESS<br><b>1708 East 19th St;</b> |
|--|---|--|--------------------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>CARDIAC FAILURE</b>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>HYPERTENSIVE CARDIO VASCULAR DISEASE</b><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>443X</b>   |  |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |  |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>0</b> |
|--|--|--|

22. I hereby certify that I attended the deceased from 1/16/ 1949, to 1/18/ 1949, that I last saw the deceased alive on 1/18/ 1949, and that death occurred at 3:50A m., from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23a. SIGNATURE<br><b>E. Frank Ellis</b> | 23b. ADDRESS<br><b>600 East 22nd Street</b> | 23c. DATE SIGNED<br><b>1/18/49</b> |
|---|---|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b> | 24b. DATE<br><b>1/18/49</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Park Kansas</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Park Kansas</b> |
|---|-----------------------------|--|---|

|  |   |   |                                  |
|--|---|---|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>1-19-49</b> | REGISTRAR'S SIGNATURE<br><b>Steraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Walter Brown</b> | ADDRESS<br><b>1729 Lydia Ave</b> |
|--|---|---|----------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *J. Jerome Marlowe*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.